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TRANSM	ITTAL SLIP DATE
TO:	OL/P&PS (Attn: Evelyn)
ROOM NO.	BUILDING
REMARKS:	
1 Care	Igane Ion my name attendee.
Ba an	attended in my name
<i>U</i> - <i>U</i> -	warpie .//
FROM: Ch	Co Code C Hoolah
	nairman, Safety & Health
ROOM NO.	BUILDING
FORM NO. 241	REPLACES FORM 36-8 WHICH MAY BE USED.

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2 AUG 1982

	MEMORANDUM FOR:	Director, Office of Med	ical Services			
	ATTENTION:	Chief, Field Operations	Division/Training	J		
25X1	FROM:	Chairman, Safety and He	alth Committee, OI	J		
25 <b>X</b> 1	SUBJECT:	Cardiopulmonary Resusci	tation Training			
	Doctor Ingram:	or goal in the Safety and	d Hoolth Drogram (	-or		
25 <b>X</b> 1	the Office of Log	gistics in 1982, I would er of our personnel for	like to schedule	a		
25X1	2. I have ta	alked informally with Nu	rse	and		
25X1	Medical Technician regarding this requirement, and as a result of our discussions, I offer the following proposal for your consideration. I can provide					
25X1	the required space and whatever transportation is necessary for personnel and equipment. The timing would be at your convenience; however, I would hope that the training could be completed during August,					
25X1 25X1	September or October 1982. Finally, I request that Nurse be made available so that training can be provided for up to 24 persons.					
25X1 25X1	cardiopulmonary not only to the munities they represent meets with	belief that Agency employeesuscitation represent Agency but also to the incresent and the public at the your approval, I will Nurse or whomever our assistance is sincer	an invaluable assendividual com- t large. If my be glad to work o you should choose	out		
25X1						
	cc: DC/CD/SD					
25X1 25X1	C/Safety Sta VOL/P&PS EO/DDA	aff				
	CONFIDENTIAL					
			OL 2-3478	3		